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CONFIRMATION NO. 9317

|  |   |                                    |   |  |                                |
|--|---|------------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/722,310   | <b>FILING OR 371(c) DATE</b><br>11/25/2003<br><b>RULE</b>   | <b>CLASS</b><br>156                | <b>GROUP ART UNIT</b><br>1733   | <b>ATTORNEY DOCKET NO.</b><br>DAY 0743<br>VA/40195.811 |                                |
| <b>APPLICANTS</b><br>Mario Busshoff, Ahaus, GERMANY;<br>Michael Kockentiedt, Legden, GERMANY;<br>Brett Tracy Scherrman, Huntersville, NC;  |   |                                    |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a DIV of 10/078,829 02/19/2002 PAT 6,703,095 <i>DM</i>  |   |                                    |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>None DM</i>   |   |                                    |   |  |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 02/26/2004</b>   |   |                                    |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met <i>Allowance</i> |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>4  | <b>TOTAL CLAIMS</b><br>21                              | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>DINSMORE & SHOHL LLP<br>One Dayton Centre, Suite 500<br>Dayton, OH45402-2023   |   |                                    |   |  |                                |
| <b>TITLE</b><br>Thin-walled reinforced sleeve with integral compressible layer   |   |                                    |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>788  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |